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TITLE: Assisting Survivors in Meeting Challenges at the End of Treatment: A Problem-Solving Approach

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13. ABSTRACT (Maximum 200 Words)
Cancer survivorship begins at diagnosis and continues beyond treatment. Although attention has been paid to psychosocial issues at diagnosis and active treatment, less has been paid to the end of active treatment when survivors face rising role expectations, fears of relapse, and the need to confront appearance and relationship change. This project focuses on increasing coping skills among breast cancer survivors at the end of active treatment. We will implement a skills-focused, problem-solving intervention (PSI), and evaluate its effects relative to routine care. The PSI is brief, non-stigmatizing, and disseminated in a single, four-hour group intervention. It focuses on building skills for problem definition, alternative generation, decision making, and solution implementation and evaluation. It also incorporates telephone follow-up at two- and four-weeks after the intervention to allow patients to discuss difficulties and receive additional instruction. This enhances the initial contact without increasing burden, allowing continued intervention with a geographically dispersed population. If effective, this intervention will point toward inexpensive and acceptable interventions that allow cancer survivors to define and ameliorate their own psychosocial stressors. This project is awaiting final contract approval by the Department of Defense prior to accruing participants.

14. SUBJECT TERMS
Behavioral/psychosocial research, quality of life, survivorship issues

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Table of Contents

INTRODUCTION

This project is a procedural feasibility study focused on examining the acceptability and potential efficacy of an empirically based problem solving intervention package to address the needs of breast cancer patients at the end of active treatment. Although it has been assumed that cancer-related distress is self-limiting, clinical experience and empirical data suggest that for many patients, distress does not dissipate at the end of treatment and may even increase. Estimates of the rate of significant distress in posttreatment survivors range from 22% to 64%. Psychosocial factors have been shown to predict distress in survivors, although health status is unrelated. Given the scope of survivor concerns, it is likely that building general problem-solving skills may be a more efficient means of enhancing coping and empowering survivors than would addressing a circumscribed list of specific concerns. Similarly, as the empirical basis for specifying stressors is limited, a general approach will benefit survivors by empowering them to define and address whatever particular stressors they encounter. We will examine the procedural feasibility of implementing a brief, 4-hour, skills-focused, problem-solving intervention with two telephone follow-ups for posttreatment breast cancer survivors. The overall design is that of a randomized split-plot control trial in which participants are nested within intervention arms (n = 40/ arm) and crossed with time.

BODY

Over the past year we have continued to plan for the project, continuing a number of collaborative efforts that will enhance the project once it begins. We have not, however, charged significant effort to the project as we are awaiting notification of contract approval. Our group co-leader left the project in 2004, and we have identified a replacement co-leader. She has begun training for her role as co-leader through on-line, bibliographic, and face-to-face didactic sessions. The PI has continued his collaborations with PIs of other protocols examining problem-solving educational techniques. These collaborations have led to an NIH-funded large-scale trial (R01) of a problem-solving intervention to improve adherence to HAART among an HIV infected population at risk for non-adherence in which the PI serves as Behavioral Science Co-Director (Gross, PI), and submission of a NCI R01 examining problem-solving training as a means of improving colorectal cancer screening adherence (Turner, PI). This later proposal received a favorable score and is now in resubmission. These collaborations began as a means of disseminating information, training a small cadre of researchers to participate in problem-solving intervention studies, and discussing strategies for overcoming difficulties in implementation, participant accrual, retention, and group structure, and will lead to much stronger intervention science. Approval has been granted by both University of Pennsylvania Institutional Review Board and Clinical Trials and Scientific Review Monitoring Committee of the University of Pennsylvania Cancer Center and continues through January 2005 when it will be renewed.

This project has been awaiting notification of final approval by the Department of Defense Contracting Officer before accruing participants, per Department of Defense requirements. At this point in time, neither the PI nor other team members are charging effort to the project. Once final approval has been granted, effort will increase and a corresponding charge in efforts will be made to the grant. A no-cost extension has been filed to allow the project to proceed to completion once final notification of approval has been received.

KEY RESEARCH ACCOMPLISHMENTS
None.

REPORTABLE OUTCOMES
None.

CONCLUSIONS
None.

REFERENCES
None.

APPENDICES
None.